

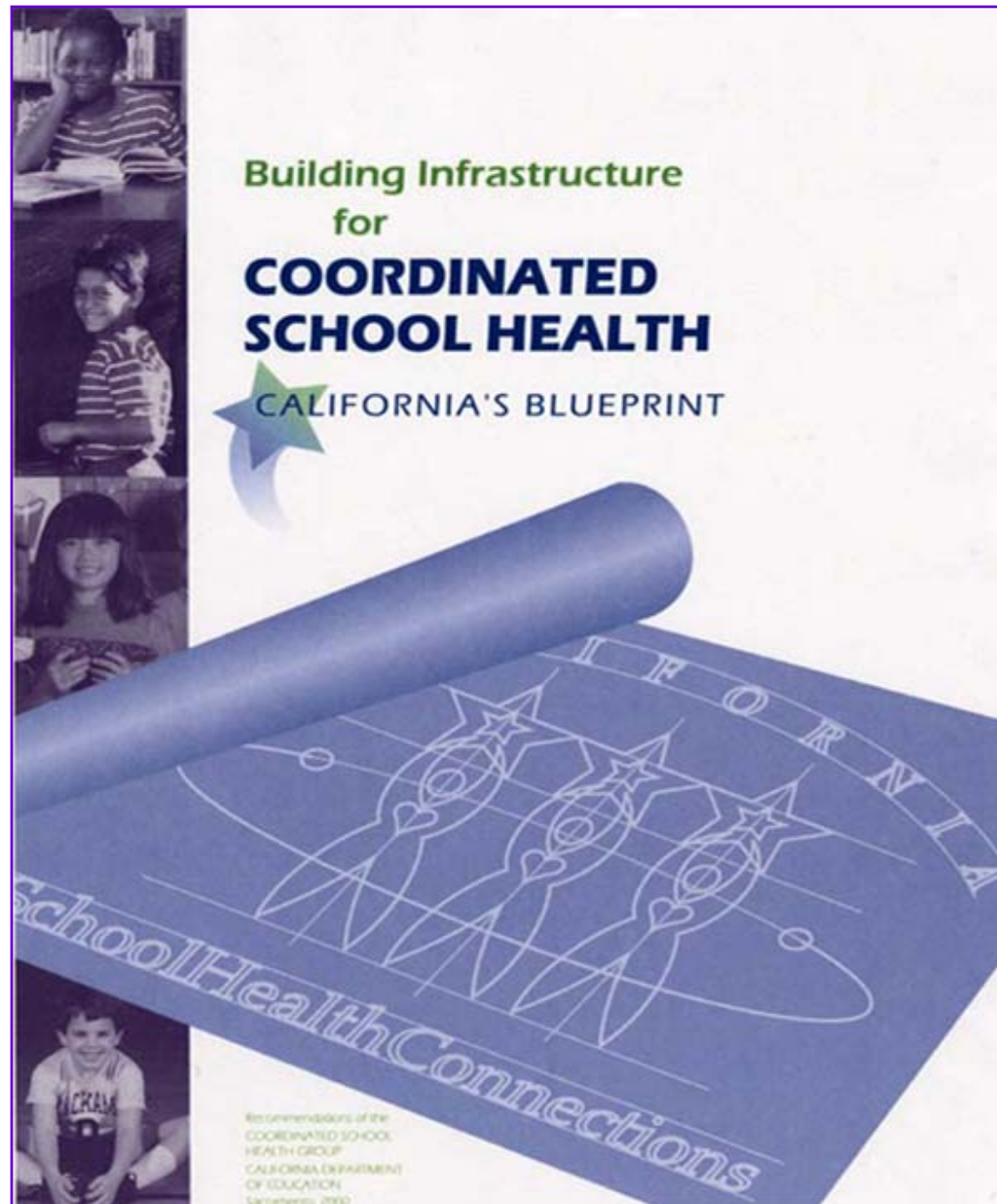
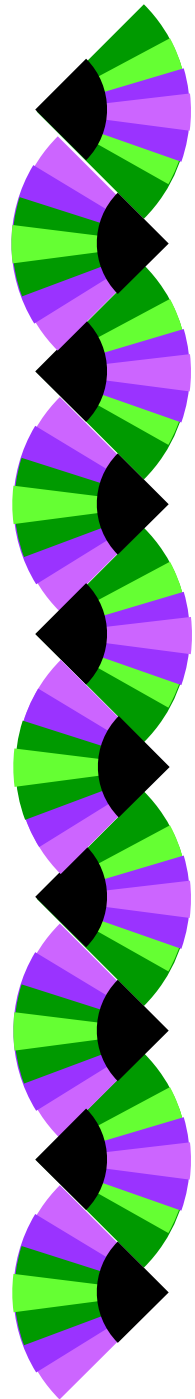
Building Infrastructure for Coordinated School Health





Coordinated School Health (Eight Components)

- Parent/community involvement
- Health education
- Physical education
- Health promotion for staff
- Health services
- Nutrition services
- Psychological/counseling services
- Healthful environment





Centers for Disease Control and Prevention

- ◆ **Funds California Department of Education and Department of Health Services (and 20 other states)**
- ◆ **Focuses on six health behaviors, established during youth that continue through adulthood and that contribute to 70% of preventable illness and death among adults**



Purpose of the Blueprint

- ◆ Create a joint effort of *public* and *private* agencies, individuals, communities
- ◆ Improve implementation of coordinated school health
- ◆ Strengthen the four infrastructure supports



Building Infrastructure for Coordinated School Health

Maximize “infrastructure supports”

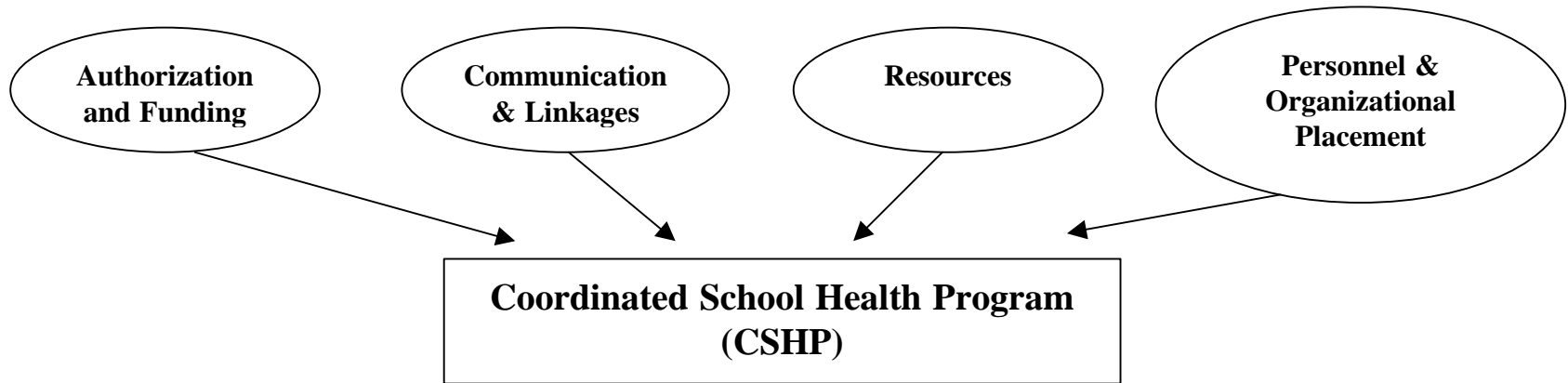
- ◆ **communication, collaboration**
- ◆ **policies, laws, funding**
- ◆ **data, training, partners**
- ◆ **personnel, positions, authority**



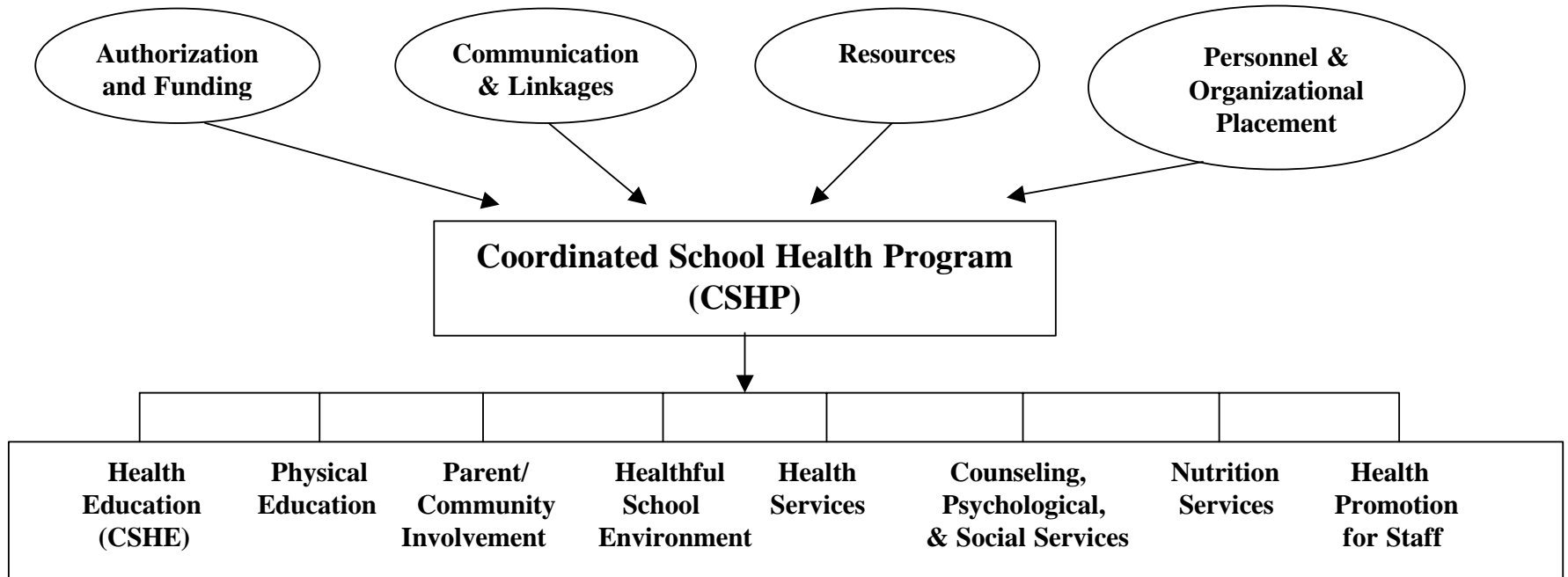
Five Assumptions

- ◆ Education and health are interrelated
- ◆ “Social morbidities” are the biggest threats to health
- ◆ A more comprehensive, integrated approach is needed
- ◆ Efforts should be centered in and around schools
- ◆ Prevention efforts are cost effective (social and economic costs of inaction are high and escalating)

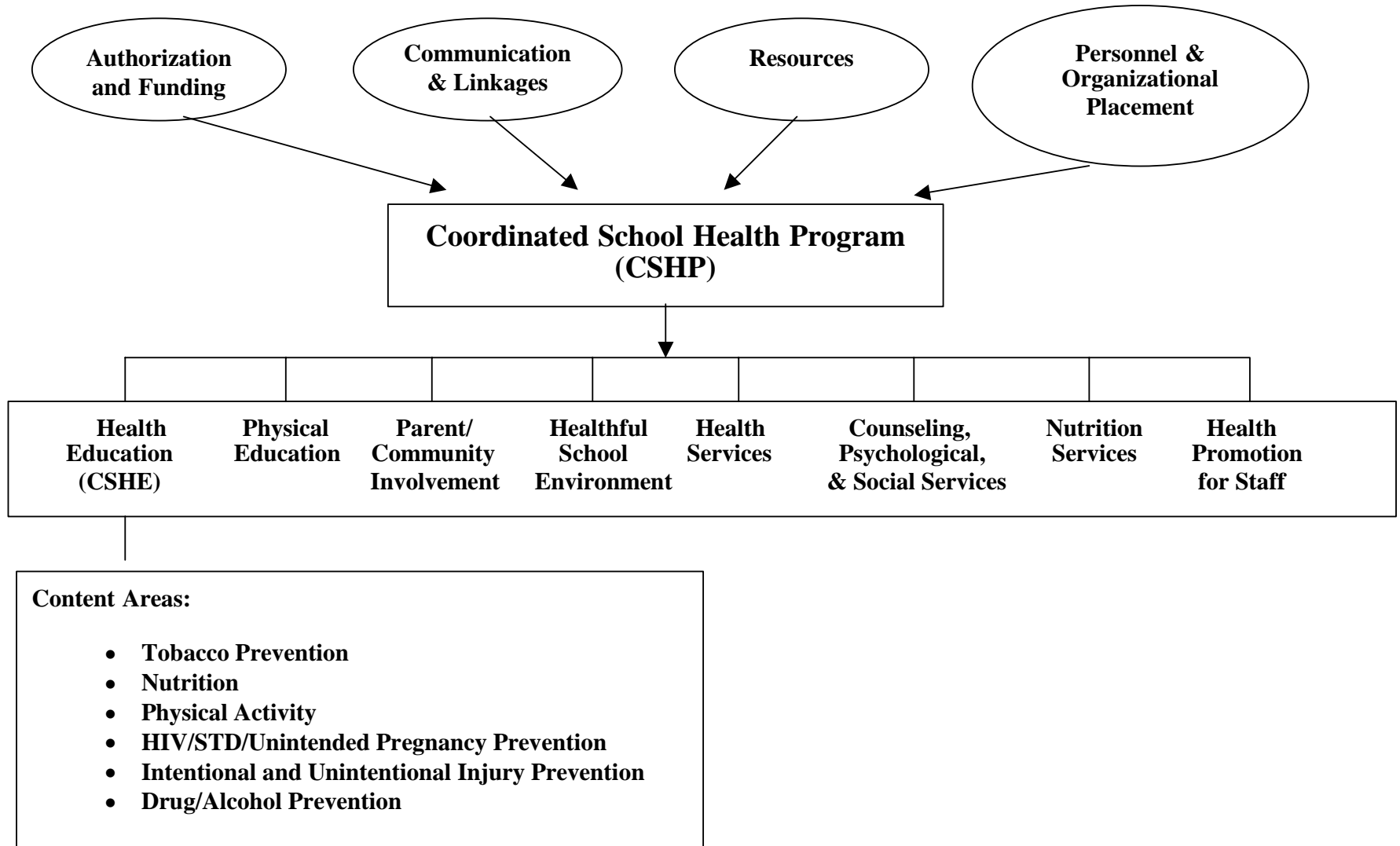
Coordinated School Health Supports



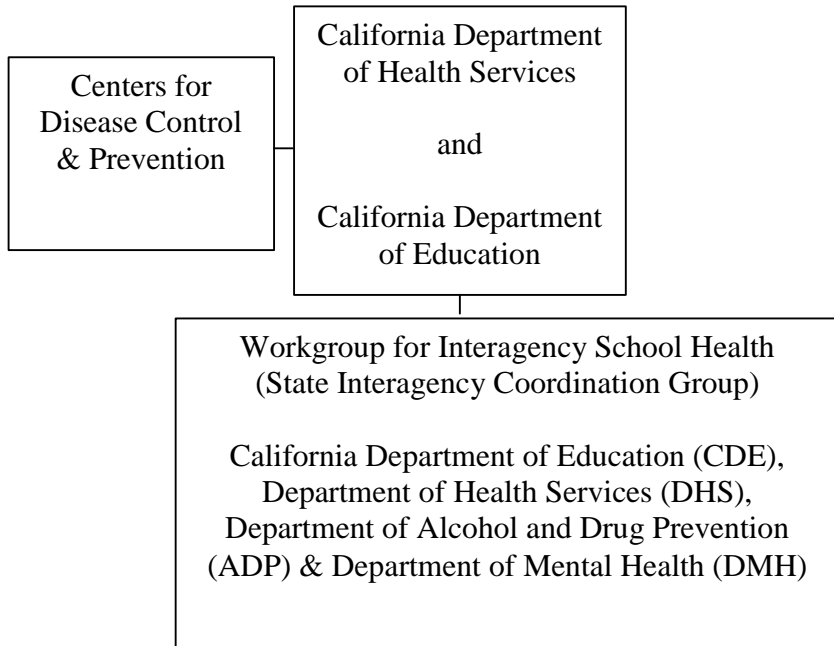
Coordinated School Health Supports



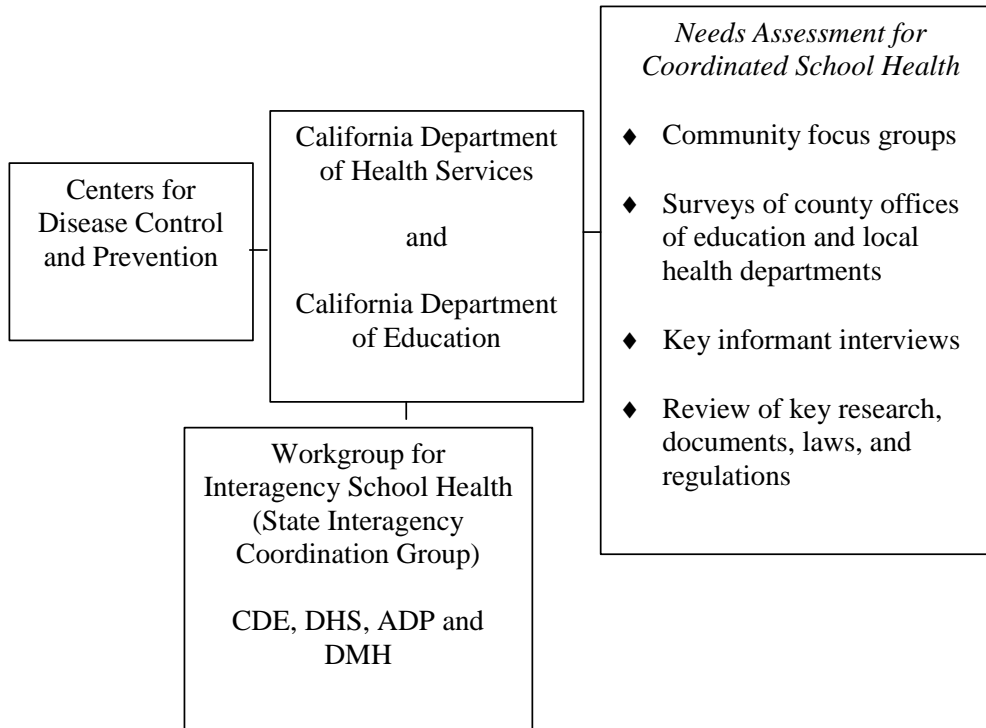
Coordinated School Health Supports



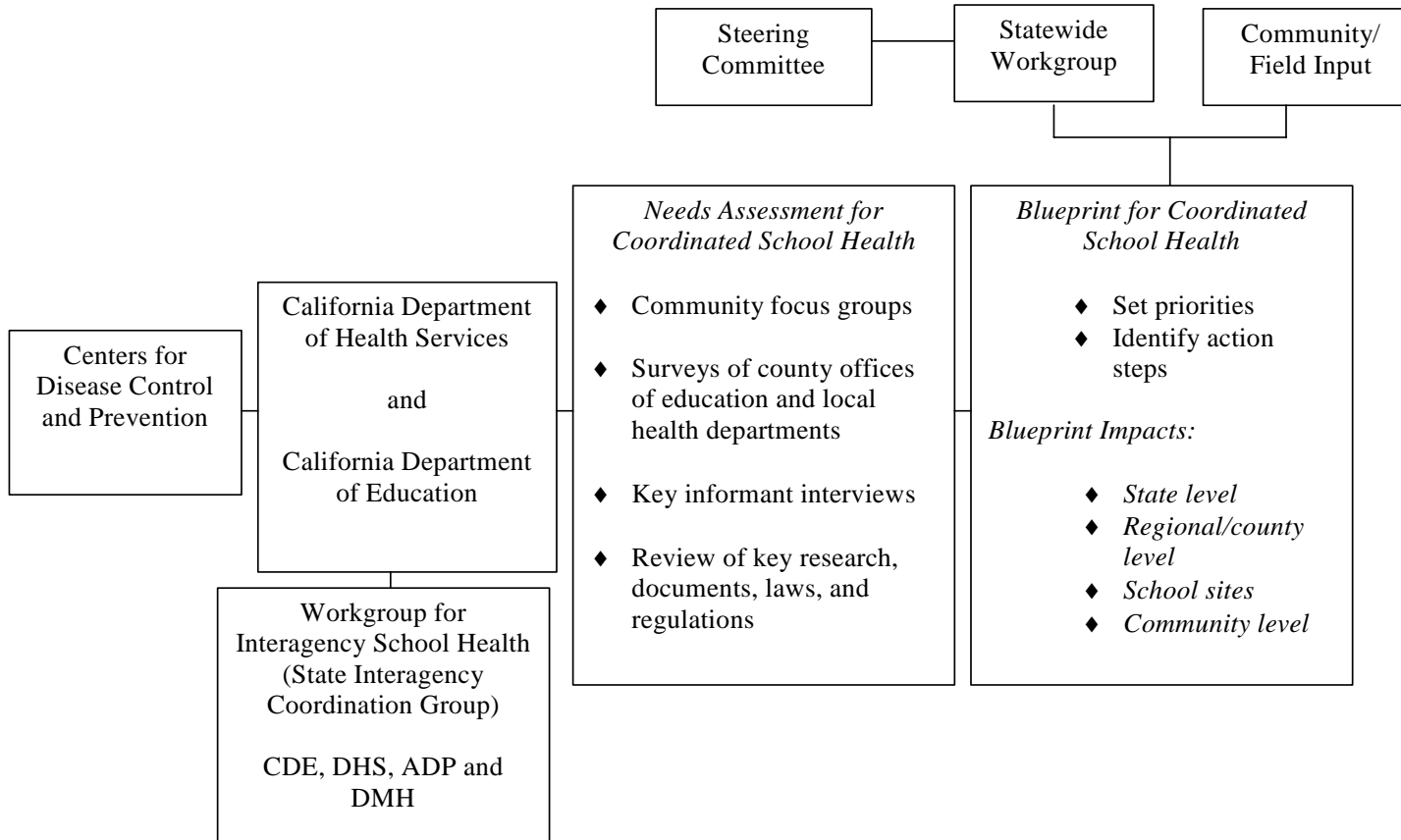
The Development of California's Blueprint for Coordinated School Health



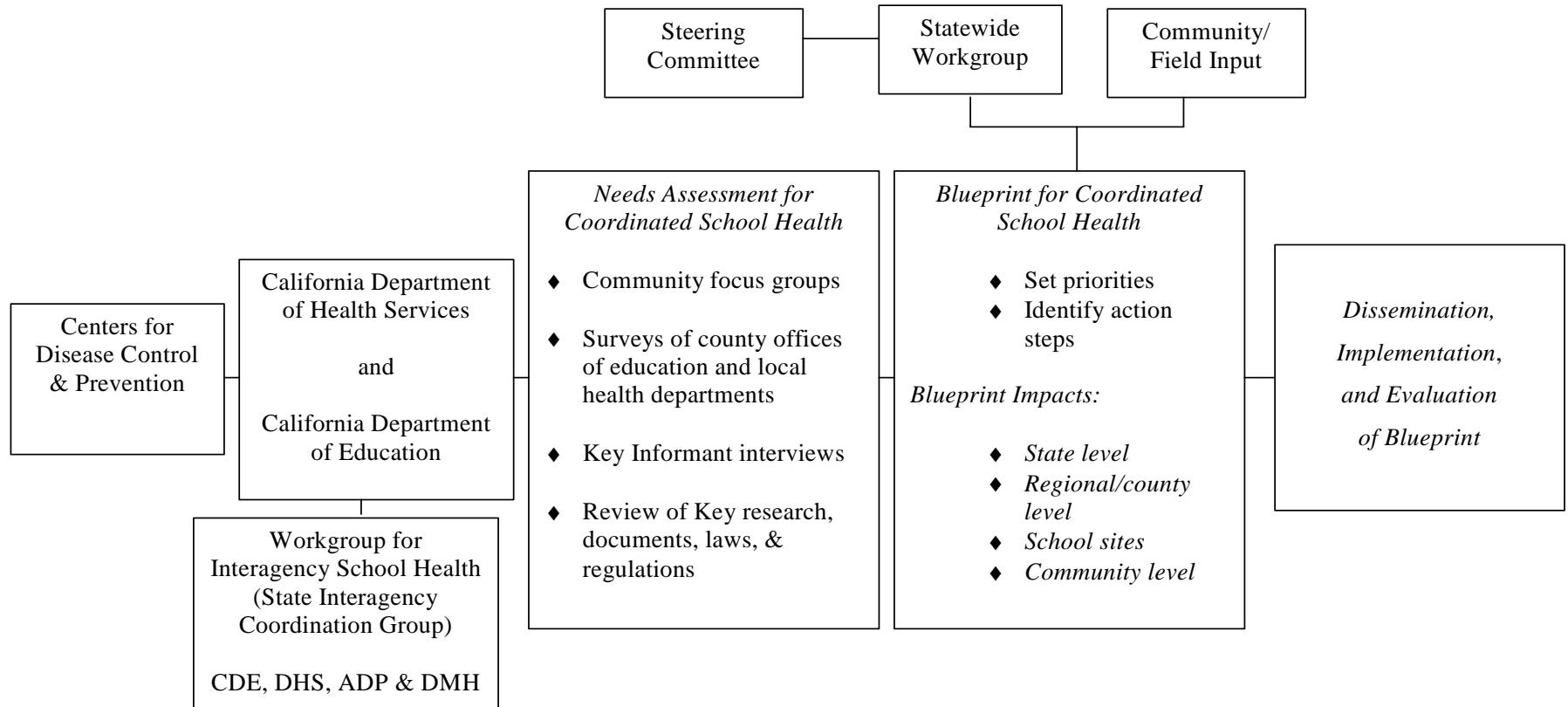
The Development of California's Blueprint for Coordinated School Health



The Development of California's Blueprint for Coordinated School Health



The Development of California's Blueprint for Coordinated School Health





Designed to maximize a multi-level approach

- ◆ **Schools/districts**
- ◆ **Local health departments and county offices of education**
- ◆ **CDE, DHS, and other state departments**
- ◆ **Some include steps for voluntary health organizations and professional associations**



Coordinated School Health Blueprint - Goal 1

Coordinated school health policies and programs will support and contribute to the positive development of youth.

(Page 12)



Excerpts of Action Steps

1. Policies and programs will support and contribute to the positive development of youth.
 - ◆ Identify community assets, resources, support (local level)
 - ◆ Advocate for CSH through youth development (local level)
 - ◆ Include youth development in state RFAs, programs, funding (state level)



Coordinated School Health Blueprint - Goal 2

**Policies at all levels will fully support
coordinated school health for California's
diverse population.**

(Page 17)



Excerpts of Action Steps

2. Policies at all levels will fully support coordinated school health for California's diverse population.
- ◆ Establish, promote, support policies at district and school sites (local level)
 - ◆ Inform and involve partners (local level)
 - ◆ Promote CSH within other initiatives (state level)



Coordinated School Health Blueprint - Goal 3

**Funds and resources will be allocated to
support coordinated school health for
California's diverse population.**

(Page 19)



Excerpts of Action Steps

3. Funds and resources will be allocated to support coordinated school health for California's diverse population.
- ◆ Include CSH in school reform planning/funding (local level)
 - ◆ Promote flexible funding (local and state levels)
 - ◆ Involve health insurers (state level)



Coordinated School Health Blueprint - Goal 4

Closer collaboration and better coordination will be established within and between CDE/DHS, other state and local level agencies, and business and community partners.

(Page 23)



Excerpts of Action Steps

4. Closer collaboration and better coordination will be established within and between the CDE and DHS, other state and local level agencies, and businesses and community partners.
- ◆ Develop common outcomes (state level)
 - ◆ Collaborate to provide training and technical assistance (state level)
 - ◆ Strengthen collaboration among local entities (local level)



Coordinated School Health Blueprint - Goal 5

Personnel capacity in school health at the state and local levels will increase and reflect California's diverse population.

(Page 28)



Excerpts of Action Steps

5. Personnel capacity in school health at the state and local levels will increase and reflect California's diverse population.
- ◆ Employ qualified CSH staff reflective of state's diversity (local level)
 - ◆ Establish policies/guidelines for partners and service providers (local level)
 - ◆ Support high caliber teacher preparation (state level)



Coordinated School Health Blueprint - Goal 6

**Use of state-of-the-art, research-based
strategies to implement
coordinated school health will increase.**

(Page 31)



Excerpts of Action Steps

6. Use of state-of-the-art, research-based strategies to implement coordinated school health will increase.
- ◆ Utilize research to make informed decisions about curricula/programs (schools/districts)
 - ◆ Administer California Healthy Kids Survey (schools/districts)
 - ◆ Disseminate information about best practices (state level)



Implications at the Local Level

Schools

- ◆ **Incorporate critical health issues into district-level local improvement plan and the school site plan**
- ◆ **Support accountability and testing by having healthy children achieving in school**

(cont.)



Implications at the Local Level

Schools (cont.)

- ◆ **Ensure compliance with existing policies affecting the health of students and staff**
- ◆ **Develop beneficial partnerships with other agencies, organizations, and businesses in the community**



Implications at the Local Level

Voluntary Organizations

- ◆ **Provide training, technical assistance, and volunteers to assist in establishing school health councils at the local level**
- ◆ **Advocate for school health programs by speaking at community forums, assist with educating local- and state-level policy makers, and participate with other community organizations**
- ◆ **Collect data and support research on the status and impact of coordinated school health**



Implications at the Local Level Family/Community Involvement

- ◆ **Involve parents and neighborhood leaders in ensuring schools are safe and healthful environments**
- ◆ **Reinforce health education messages at home that are taught in the classroom**

(cont.)



Implications at the Local Level

Family/Community Involvement

(cont.)

- ◆ **Serve on school-community committees to coordinate resources, activities, and services**
- ◆ **Meet with school personnel to determine what support (materials, expertise, time) they can offer to advance the school or district's health objectives**



Implications at the Local Level Health Department Involvement

- ◆ Provide input on health policy, programs and services to local school boards
- ◆ Work in partnership with schools to increase enrollment in Healthy Families, Medi-Cal for Children and other affordable health care options.
- ◆ Promote cross-agency linkages, such as establishing public health nurse liaisons to schools
- ◆ Provide data and data-related expertise when developing school programs, policies and services



Call to Action

- ◆ **Incorporate recommendations in state level RFAs, strategic plans**
- ◆ **Influence development of local level programs, policies and services**
- ◆ **Provide funds and incentives for locals to implement these recommendations**

(cont.)



Call to Action

(cont.)

- ◆ **Support youth development and involvement of broad cross-section of youth**
- ◆ **Model cross-departmental collaboration by participating in Workgroup for Interagency School Health (WISH)**
- ◆ **Seek commitment from partner agencies**